TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

1284-001

GASTROSTOMY TUBE BAND

First Named Inventor: Mrs. Joan Clayton

SUBMITTED BY

Name:

Ms. JiNan Glasgow Esq.

Registration Number:

42585

Electronic Signature Mark: /jg

Date Signed: 20010927

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Attached Files:

bibd-transmittal

1284001apds.xml

fee-transmittal

1284001fee.xml

specification

Spec1284001.xml

declaration

Dec1284001P1.tif

declaration

Dec1284001P2.tif

Attached Image File(s):

Dec1284001P1.tif

Dec1284001P2.tif

Comments:

Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

12490

Application ID:

09682624

Title of Invention:

GASTROSTOMY TUBE BAND

First Named Inventor:

Joan Clayton

Domestic/Foreign Application:

Domestic Application

Filing Date:

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Effective Receipt Date:

2001-09-28

Submission Type:

Utility Patent Filing

Filing Type:

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Confirmation Number:

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Attorney Docket Number:

1284-001

Digital Certificate Holder:

cn=Jinan Glasgow, ou=Registered Attorneys, ou=Patent and

Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

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Total Fees Authorized:

\$355.0

Payment Category:

CC - Credit Card

Credit Card Number:

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Expiration Date:

11302003

Card Holder Name:

Guy R Beretich

RAM User ID:

EFSPROD

RAM Accounting Date:

2001-09-28

RAM Sequence Number:

346174

RAM Payment Status:

RAM success

Postal Code:

27611

FEE TRANSMITTAL

Electronic Version 1.0.4 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

1027

Expiration Date:

20031130

Authorized Name:

Guy R Beretich

Billing Address:

27611

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	201	\$ 355	

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 19	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0